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12

Number of Pages (including this page)

Date: 01/09/2006
To: Commissioner for Patents
Location: United States Patent and Trademark Office
Fax No.: (571) 273-8300
From: Hisashi D. Watanabe Registration No. 37,465
Subject: Serial No. 10/801,842 Docket No. IS01508ESG

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MESSAGE:

Enclosed herewith, please find:

- ☒ Amendment (9 pages)
- ☒ Amendment Transmittal Form
- ☒ Fee Transmittal Form
- ☐ Petition for Extension of Time

PLEASE GIVE THESE PAPERS TO:

EXAMINER:	Sterling, Amy Jo
GROUP ART UNIT:	3632
SERIAL NO.:	10/801,842
FILED:	03/16/2004
INVENTOR:	Phelps, William C. et al.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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ADMENDMENT TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/801,842
	Filing Date	03/16/2004
	First Named Inventor	Phelps, William C. et al.
	Group Art Unit	3632
	Examiner Name	Sterling, Amy Jo
	Attorney Docket Number	IS01508ESG

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Fee Address Indication Form	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Response to Missing Parts Incomplete Application	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Small Entity Statement	
	<input type="checkbox"/> Request for Refund	
Remarks:		

CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	20280 (Insert Customer No. or Attach bar code label here)	or <input type="checkbox"/> Correspondence address below	
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	600 North U.S. Highway 45, AN475		
City: Libertyville	State: Illinois	Zip Code:	60048
Country: USA	Telephone: 847-523-2322	Fax:	847-523-2350
Name (Print/Type)	Hisashi D. Watanabe	Registration No.	37,465
Signature	<i>Hisashi D. Watanabe</i>	Date	01/09/06

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent Office at (571) 273-8300 on this date:
01/09/2006Typed or printed name: Jennifer Magness
Signature

Date 1/09/2006

FEE TRANSMITTAL Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete if Known Application Number: 10/801,842 Filing Date: 03/16/2004 First Named Inventor: Phelps, William C. et al. Examiner Name: Sterling, Amy Jo Group Art Unit: 3632 Attorney Docket No.: IS01508ESG																																																																																																																																																						
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METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																																						
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		4. ADDITIONAL FEES																																																																																																																																																						
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 502117 Deposit Account Name: Motorola, Inc. The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late Provisional filing</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td></tr> <tr><td>1812</td><td>2520</td><td>1812</td><td>2520</td><td>For filing a request for ex parte Reexamination</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication or SIR prior to Examiner action</td></tr> <tr><td>1805</td><td>1840*</td><td>1805</td><td>1840*</td><td>Requesting publication of SIR after Examiner action</td></tr> <tr><td>1251</td><td>120</td><td>2251</td><td>60</td><td>Extension for reply within first month</td></tr> <tr><td>1252</td><td>450</td><td>2252</td><td>225</td><td>Extension for reply within second month</td></tr> <tr><td>1253</td><td>1020</td><td>2253</td><td>510</td><td>Extension for reply within third month</td></tr> <tr><td>1254</td><td>1590</td><td>2254</td><td>795</td><td>Extension for reply within fourth month</td></tr> <tr><td>1255</td><td>2160</td><td>2255</td><td>1080</td><td>Extension for reply within fifth month</td></tr> <tr><td>1401</td><td>500</td><td>2401</td><td>250</td><td>Notice of Appeal</td></tr> <tr><td>1402</td><td>500</td><td>2402</td><td>250</td><td>Filing a brief in support of an appeal</td></tr> <tr><td>1403</td><td>1000</td><td>2403</td><td>500</td><td>Request for oral hearing</td></tr> <tr><td>1451</td><td>1510</td><td>1451</td><td>1510</td><td>Petition to institute a public use proceeding</td></tr> <tr><td>1452</td><td>500</td><td>2452</td><td>250</td><td>Petition to revive - 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2. EXTRA CLAIM FEES Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent: 50 (Large) / 25 (Small Entity) Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent: 200 (Large) / 100 (Small Entity) Multiple Dependent Claims: 360 (Large) / 180 (Small Entity) Total Claims: 19 - 20 or HP = 0 X 50 = 0 HP = highest number of total claims paid for, if greater than 3 Indep. Claims: 3 - 3 or HP = 0 X 200 = 0 Extra Claims: 0 X 200 = 0 Fee Paid (\$): 360																																																																																																																																																								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee is \$250 (\$125 for small entity). For each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets: 100 - 100 = 0 / 50 = 0 (round up to a whole number) X 250 = 0 Fee Paid (\$): 0																																																																																																																																																								
SUBMITTED BY Name (Print/Type): Hisashi D. Watanabe Signature: <i>Hisashi D. Watanabe</i>		5. OTHER FEE(S) (specify) Non-English Specification, \$130 fee (no small entity discount) Fee Paid (\$): 0																																																																																																																																																						
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Response dated January 9, 2005
Reply to Office Action of December 9, 2005

Attorney Docket No. IS01508ESG

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/801,842

Confirmation No.: 3107

Applicant(s): Phelps, III, William C.

Examiner: Sterling, Amy Jo

Filed: March 16, 2004

Docket No.: IS01508ESG

TC/A.U.: 3632

Customer No.: 20280

Title: Electronic Device Cradle Having Replaceable Latches

Commissioner for Patents
P.O. Box 1450
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RESPONSE TO RESTRICTION REQUIREMENT

Sir:

In response to the Office Action of December 9, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.